



Declaration Return of Tobacco Products Inventory

Date Inventory Taken: _____

Time: _____

| |
|--|
| Legal Name: |
| Trade Name: |
| Address: _____ _____ |
| License Number: Last Receiving Report Number Prior to Cut-Off: Last Sales Invoice Number Prior to Cut-Off: _____ _____ |

Inventory Declaration must include all Tobacco Stock on the premises, including:

- a) Dry and damaged to be returned to the supplier;
- b) In transit from suppliers and invoiced at old rates; and
- c) Invoiced to a customer but still on the property.

NOTE: Detailed inventory count sheets must be retained for audit examination.

| Product | Unit | Quantity (A) | Incremental Tax Rate (B) | Amount of Tax Owning (A x B) |
|--|--------|-------------------|-------------------------------|-----------------------------------|
| Cigarettes | Carton | | \$2.00 | \$ |
| All other tobacco products (excluding cigars) | Grams | | \$0.02 | \$ |
| | | | Total Tax Payable | \$ |

Certification:

The above statements are hereby certified to be correct to the best knowledge and belief of the undersigned.

Authorized Signing Officer (Please Print or Type)

Title

Signature of Authorized Signing Officer

Date

Telephone Number

IT IS A SERIOUS OFFENCE TO PROVIDE FALSE INFORMATION ON THIS RETURN

P.O. Box 8720, St. John's NL Canada, A1B 4K1

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